

RENEWAL OF PROFESSIONAL CLEAR TEACHING CREDENTIAL

This packet contains a brief description of the requirements for renewal of your professional clear credential and the forms to be used to document completion of those requirements. Please refer to your *Professional Growth Manual* for more information about these requirements. To obtain a manual, please visit the Commission's website at www.ctc.ca.gov.

Applicants must satisfy **all** of the following requirements:

- 1. Obtain a professional growth advisor
- 2. Complete an individual program of professional growth that consists of a minimum of 150 clock-hours of participation in activities that contribute to your competence, performance, or effectiveness in the profession of education (With your advisor, you must complete the Professional Growth Plan and Record form before you begin any of the activities. Copies of the Professional Growth Plan and Record Instructions, Professional Growth Plan and Record, and Verification of Successful Service are enclosed.)
 - ▶ 150 clock-hours of professional growth activities must be completed during each five-year renewal cycle. Only one set of activities needs to be completed per cycle regardless of the number of professional clear credentials you hold. Activities apply only to the renewal cycle in which they are completed; clock-hours in excess of 150 may not be saved for use in future renewal cycles.
- 3. Complete the professional service requirement of at least one-half of a school year, or the equivalent, in a preschool, elementary school, secondary school, or an adult education program administered by a public school district (Your employer must verify this service by completing the Verification of Successful Service form once this requirement has been satisfied.)
- **4.** Submit an application for renewal by **one** of the following methods:
 - a. Renew your credential online at www.ctc.ca.gov. Credentials renewed online are processed within 10 working days. When renewing online, it is not necessary to submit the Professional Growth Plan and Record Form or the Verification of Successful Service Form with your application, as you will self-verify this information online; however, the Commission reserves the right to request submission of these forms for auditing purposes at any time within one ear following the submission of the application.
 - b. Submit a completed application (form 41-REN), with the self-verification section completed, accompanied by the current processing fee. When self-verifying, it is not necessary to submit the Professional Growth Plan and Record Form or the Verification of Successful Service Form with your application; however, the Commission reserves the right to request submission of these forms for auditing purposes at any time within one year following the submission of the application.

If this is your initial professional clear credential and you were recommended for the credential by a California college or university, you were either given a copy of the *Professional Growth Manual* at some time during your program or copies were available for you to pick up from the credentials office. If you did not receive one, stop by the college or university's credential office for a copy.

If this is your initial professional clear credential and you applied for it directly to the Commission, your *Professional Growth Manual* is enclosed.

If you have held a professional clear credential in the past, you will not receive an additional copy of the *Professional Growth Manual*. In the event that you did not receive your manual, or you have misplaced it, you may obtain one by visiting the Commission's website.

It is the responsibility of the credential holder to be aware of and complete renewal requirements. Read the *Professional Growth Manual* and consult with your advisor to ensure that you understand and comply with the regulations.

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Selecting a Professional Growth Advisor For Holders of Multiple and Single Subject Teaching Credentials

Title 5, California Code of Regulations, Section 80556(b)

To be eligible to be a professional growth advisor for teaching type credentials, a person must hold a valid permanent* California teaching or services credential and a baccalaureate degree from an accredited institution of postsecondary education. An employing agency that designates one or more professional growth advisors may establish additional qualifications for advisors.

If you are employed in California, you should choose your professional growth advisor from the list provided by your employer. If you are unable to find a suitable advisor from the list, you may request that your employer approve someone of your choice who has agreed to help you by serving as your advisor. An advisor must hold a baccalaureate degree from an accredited institution and a valid permanent California teaching or services credential. The employing agency may require additional qualifications.

Optional Methods of Obtaining a Professional Growth Advisor

- You may ask another employing agency to appoint an advisor from their approved list
- You may ask the Commission to approve the qualifications of a person you suggest to be your advisor. Send a signed and dated request naming the person you wish to have approved and a copy of their qualifying credential.
 - Promising groups of potential advisors include principals, mentor teachers, other teachers, appropriately credentialed persons who have retired from service as teachers or administrators, college or university personnel who hold credentials, and staff members in teacher centers and other regional service organizations in education.
- If you are unsuccessful in obtaining a professional growth advisor after trying all methods mentioned above, you may request that the Commission serve as your advisor. As you will not receive the benefit and support that face-to-face contact provides, we ask that you use the Commission as the last alternative. Mail your request, along with the Professional Growth Plan and Record Form and Verification of Successful Service Form, to:

Attention: Professional Growth Advisor Commission on Teacher Credentialing *P.O. Box* 944270

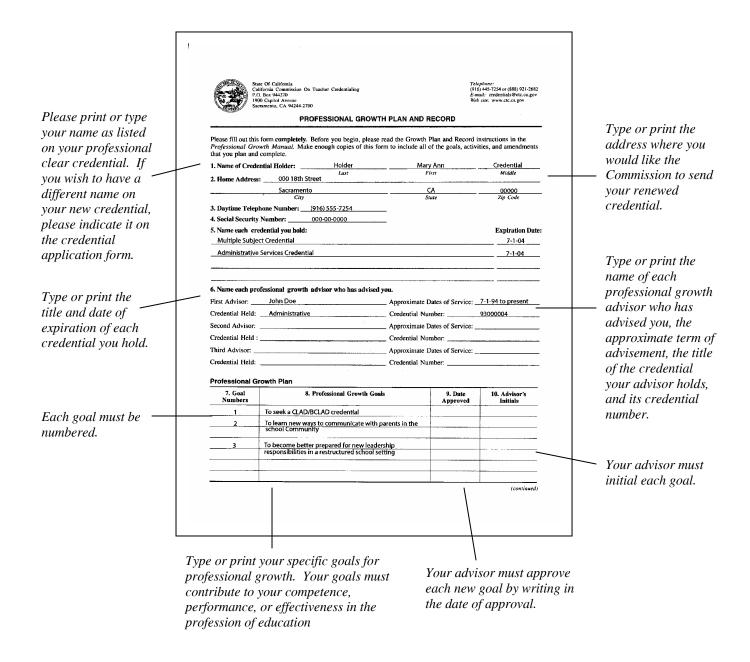
P.O. Box 944270 Sacramento, CA 94244-2700

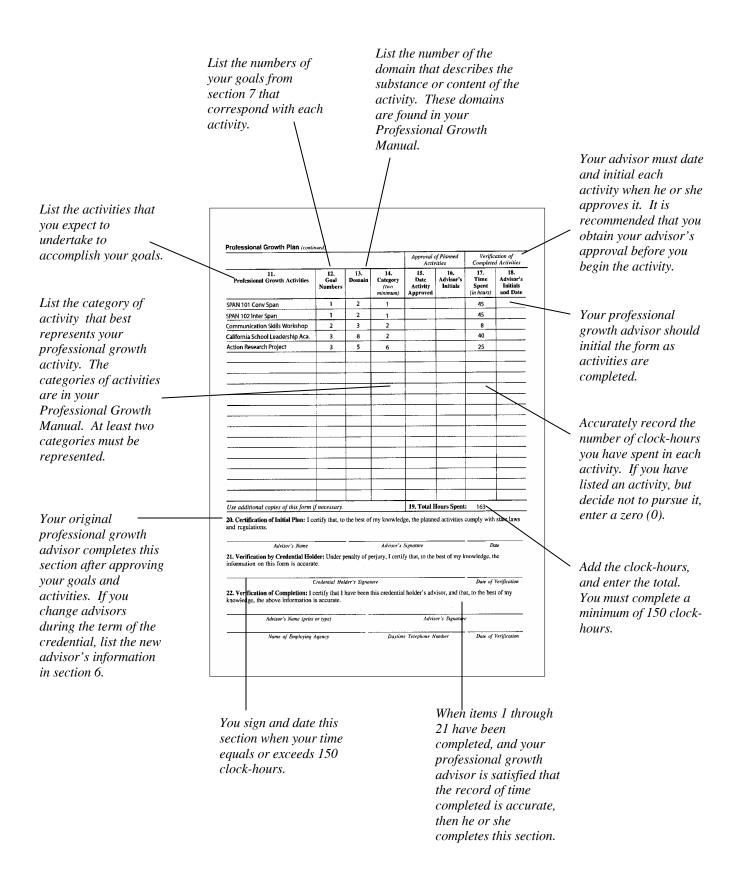
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^{*}A permanent California credential is either a professional, professional clear, clear, or life credential.

PROFESSIONAL GROWTH PLAN AND RECORD INSTRUCTIONS

When the form is completed, you may either renew online at www.ctc.ca.gov or submit a Renewal & Reissuance Application (form 41-REN) with the self-verification section completed and the current processing fee. You do not need to submit the Professional Growth Plan and Record or the Verification of Successful Service forms with your application for renewal; however, the Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of the application.







PROFESSIONAL GROWTH PLAN AND RECORD

Please fill out this form **completely**. Before you begin, please read the Growth Plan and Record instructions in the *Professional Growth Manual*. Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.

1. Name of Credential H						
2. Home Address:	Last	First	Middle			
	City	State	Zip Code			
3. Daytime Telephone No	umber:					
_	er:					
5. Name each credential			Expiration date			
6. Name each professions	al growth advisor who has advi	ised you.				
			e:			
Credential Held:		Credential Number:				
Second Advisor:		Approximate Dates of Servic	e:			
Credential Held :						
Third Advisor:		Approximate Dates of Servic	e:			
		**				
Professional Growth F	Plan					
7. Goal Numbers	8. Professional Growth	Goals 9. Date Approved	10. Advisor's I Initials			

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Professional Growth Plan (continued)

				Approval of Planned Activities		Verification of Completed Activities	
11. Professional Growth Activities	12. Goal Numbers	13. Domain	14. Category (two minimum)	15. Date Activity Approved	16. Advisor's Initials	17. Time Spent (in hours)	18. Advisor's Initials and Date
Use additional copies of this form	n if necessar	y.		19. Total l	Hours Spent		
20. Certification of Initial Plan: and regulations.		-	st of my know		•		vith state laws
Advisor's Name			Adviso	r's Signature		<u>I</u>	Date
21. Verification by Credential Information on this form is accura		er penalty o	of perjury, I co	ertify that, to	the best of m	y knowledge	e, the
	Credential	Holder's Sign	ature			Date o	f Verification
22. Verification of Completion: knowledge, the above information			n this credent	tial holder's a	dvisor, and th	nat, to the be	st of my
Advisor's Name (pr	int or type)		·	Ad	dvisor's Signatu	re	
Name of Employing Agency			Day	Daytime Telephone Number Date of Verific			f Verification

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VERIFICATION OF SUCCESSFUL SERVICE Professional Service Requirement

Name:							
Print or Type							
Social Security Number:							
Instructions for Chief Administrative The holder of a Professional Clear Credent one-half of a school year during each five- is defined as five hours per day. One-half of person was not terminated for cause by the records and complete this form by checkin	tial must successfully complete the equiver renewal cycle. For the purpose of a school year is defined as 90 school employing agency during the credenti	ivalent of full-time service for this requirement, full-time service days. "Successful" service means the al renewal period. Please check your					
I certify that the above named person has slisted below for the period of time I have sp		hool district or other employing agency					
☐ Full-time teaching or other qualifying	experience for a minimum of 90 school	l days in					
	List years of service (e.g., 2000-2001)						
Part-time teaching, substitute teaching, or other contractual or voluntary service on behalf of students or certificated personnel for a total of days for an average of hours per day in							
	List year(s) of service						
Other service rendered to K–12 studen this box is checked.)	ts in alternative education settings. (At	tach statement and verification letters if					
Service rendered in a professional capa verification letter if this box is checked		redential area. (Attach statement and					
Verified by:							
Print Name	Signature	Title					
District/Educational Institution	Date	-					
Make additional copies if necessary							

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